PTO/SB/21 (01-08)

Approved for use through 04/30/2008. OMB 0651-0031

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	Application Number	10/532,278-Conf. #8497	
TRANSMITTAL	Filing Date	April 21, 2005	
FORM	First Named Inventor	Gabrio Roncucci	
	Art Unit	1624	
(to be used for all correspondence after initial filing)	Examiner Name	P. V. Ward	
Total Number of Pages in This Submission	Attorney Docket Number	M1100.70002US00	

ENCLOSURES (Check all that apply)				
X Fee Trans	mittal Form	Drawing(s)		After Allowance Communication to TC
Fee	Attached	Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences
Amendme	nt/Reply	Petition		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
After	Final	Petition to Convert to a Provisional Application		Proprietary Information
Affid	avits/declaration(s)	Power of Attorney, Revocation Change of Correspondence	on Address	Status Letter
X Extension of Time Request Terminal		Terminal Disclaimer		X Other Enclosure(s) (please Identify below):
Express Abandonment Request Request for R		Request for Refund		Response to Election of Species Requirement
Information Disclosure Statement CD, Number of CD(s)		CD, Number of CD(s)		
Certified Copy of Priority Document(s) Landscape Table		Landscape Table on	CD	
	ssing Parts/ Application Remarks			
	y to Missing Parts under FR 1.52 or 1.53			
	SIGNATI	JRE OF APPLICANT, ATTOR	RNEY, OR	AGENT
Firm Name	WOLF, GREENFIE	D & SACKS, P.C.		
Signature	Mal	BE		
Printed name	Michael J. Pomianel	h.D.		
Date	June 16, 2008	V	Reg. No.	46,190

	Certificate of Electronic Filing Under 37 CFR 1.8
system in accordance with § 1.6(a)(4).	by paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing
Dated: June 16, 2008	Signature: (Trish McDonald)

PTO/SB/17 (10-07)
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Effective on 12/08/2004. Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		8). Applicatio	n Number	10/532,278-Conf. #8497	
FEE TRANSMITTAL		Filing Date)	April 21, 2005	
For FY 2008		First Name	ed Inventor	Gabrio Roncucci	
FUI F1 2000		Examiner I	Examiner Name P. V. Ward		
X Applicant claims small entity status. See 37 CFR 1.27		Art Unit	Art Unit 1624		
TOTAL AMOUNT OF PAYMENT	(\$) 60.00	Attorney D	ocket No.	M1100.70002	US00
METHOD OF PAYMENT (check	all that apply)				
Check X Credit Card	Money Order	None	Other (please iden	tify):	
Deposit Account Deposit Account	Number: 23/282	<u>5</u>	eposit Account Na	_{me:} Wolf, Greer	nfield & Sacks, P.C.
For the above-identified dep	osit account, the Direct	or is hereby aut	horized to: (ch	eck all that apply)	
Charge fee(s) indicate	d below		Charge fee(s) i	ndicated below, e	xcept for the filing fee
Charge any additional fee(s) under 37 CFR 1		ts of x	redit any over	payments	
FEE CALCULATION					
1. BASIC FILING, SEARCH, AND E					
FI	LING FEES Small Entity	SEARCH FEE Small E		INATION FEES	
Application Type Fee (\$		e (\$) Fee (Small Entity) Fee (\$)	Fees Paid (\$)
Utility 310	155 5	10 255	210	105	
Design 210	105 1	00 50	130	65	
Plant 210	105 3	10 155	160	80	
Reissue 310	155 5	10 255	620	310	
Provisional 210	105	0 0	0	0	
2. EXCESS CLAIM FEES					Small Entity
Fee Description Each claim over 20 (including Reiss	nac) -				Fee (\$) Fee (\$)
Each independent claim over 3 (incl	•				50 25 210 105
Multiple dependent claims	aumg Heissaes)				370 185
Total Claims Extra Claims	Fee (\$) Fe	ee Paid (\$)	ļ	Multiple Depende	
	x =				Fee Paid (\$)
HP = highest number of total claims paid fo	; if greater than 20.				
Indep. Claims Extra Claims	Fee (\$) Fe	ee Paid (\$)			
3 = HP = highest number of independent claims					
3. APPLICATION SIZE FEE					
If the specification and drawings en					
listings under 37 CFR 1.52(e)), sheets or fraction thereof. See 3				entity) for each a	dditional 50
Total Sheets Extra Sheet	s Number of eac	ch additional 50	or fraction there		Fee Paid (\$)
4. OTHER FEE(S)	/50 =	(100110 up to	a whole number	, ×	= Fees Paid (\$)
Non-English Specification, \$13) fee (no small entity d	liscount)			i ees raid (\$)
Other (e.g., late filing surcharge)		•	nin first montl	h	60.00
SUBMITTED BY (// a /i	7				
Signature Wheel	1 des	Registration N (Attorney/Agen) Telephone	617.646.8000
Name (Print/Type) Michael J. Pomia	nek, Ph.D.	<u> </u>		Date	June 16, 2008
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